

191 R-1 rev.

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL N

FILING DATE

APPLICANT(S)

B1563903

## CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			↓	1	↓	↓
TOTAL DEP.			←	25	←	←
TOTAL CLAIMS			██████████	26	██████████	

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.					↓	↓
TOTAL DEP.			←		←	←
TOTAL CLAIMS			██████████		██████████	